



Editorial Article

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What Is the Relationship between Diabetic Patients and Greater Propensity to COVID-19?

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Patients with diabetes are more likely to have COVID-19 as demonstrated in the article written by Abdi et al. (2020) entitled Diabetes and COVID-19: A systematic review on the current evidence [1].

But what is the real reason why diabetic patients being more likely to have COVID-19 than the hyperglycemia they present?

In the article written by the author (2019) Why Are Diabetic Patients Still Having Hyperglycemia despite Diet Regulation, Antiglycemic Medication and Insulin? the author demonstrates through a case report, that diabetic patients have chakras' energy deficiency, that is leading to alteration in the energy level, leading to Yin deficiency and Heat retention, that are two energy imbalances that is producing hyperglycemia according to traditional Chinese Medicine, in the root level of the tree [1, 2].

In a study written by the author (2021) entitled Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection, the author demonstrates that more than 90% of her patients have this chakras' energy deficiency and not only in diabetic patients but patients with common diseases such as anxiety, depression, leg pain, headache, back pain, and other diagnosis also have chakras' energy centers deficient in energy. In another article written by the author (2021) entitled Are We Vaccinating Immunocompetent or Immunocompromised People for COVID 19?, she is saying in this publication that more than 97% of the patients that she is attending nowadays, have deficiency in Zheng Qi, that is the energy that protects our body against the invasion of external pathogenic factor and also, she classified the majority of the population nowadays as immunosuppressant and not immunocompetent. What the author found in common in all chronic illnesses nowadays, whether physical or emotional, is that most of them are characterized by a lack of energy in the chakras, independent on the age, gender, the presence of co-morbidities or not [3, 4].

This view not yet studied by medical schools, has currently generated many problems for the patients and for physicians themselves

because the patients often have chronic problems and the majority are taking medication that ends up worsening the patient's energy state, due to the use of the medication itself. In this new pattern of energy inside the body of the majority of patients, the use of medications currently prescribed in the past to treat the majority of diseases are causing more harm to the internal energy of the patient, as showed by the author (2021) in the article *Is the Medication used in Intubation of Patients with Covid-19 Affecting the Outcome of the Patient's Treatment?* [2, 5].

The first specialization of the author is infectious disease and nowadays, she usually treats the majority of all infections only using teachings from traditional Chinese medicine, considering the influences of the external pathogenic factor (Cold, Wind, Heat, Dryness and Humidity) and also, the influence of diet and emotions leading to energy imbalances, and end up in formation of diseases in the leaf level of the tree, demonstrated in many articles written by her [6, 7].

One of the examples, is the article she wrote (2018) entitled Can Hospital Osteomyelitis Be Treated without the Use of Antibiotics? In this article, the author treated two cases of nosocomial osteomyelitis only using traditional Chinese medicines' tools (Chinese dietary counseling, auricular acupuncture with apex ear bloodletting) to correct the energy imbalances (root level) that was leading to the formation of osteomyelitis symptom in the leaf level. In another article written by the author (2018) entitled Could Postsurgical Nosocomial Cellulitis Be Treated without the Use of Antibiotics? she is demonstrating that all diseases, including infectious diseases can be treated without using antibiotics and that the infectious process in the nosocomial environment was caused by the use of excess of highly concentrated medications (antibiotics usually used in this case to prevent the formation of infection and also other medications such as anti-inflammatories) and what they all have in common, are energy imbalances in the root of the tree, that the author always show in all her articles, the different viewpoints between Western medicine and traditional Chinese medicine [8, 9].

In the article Why Are Diabetic Patients Still Having Hyperglycemia despite Diet Regulation, Antiglycemic Medication and Insulin, the author is showing the different viewpoints between Western and traditional Chinese medicine in relation to diabetes formation and treatment. What both have in common is the hyperglycemia but the reasoning behind them are different. In TCM, they understand that all diseases came from energy imbalances and in this case, the author demonstrated in the article written by her (2021) entitled Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection, that patients prior to have COVID-19, also have energy imbalances before acquisition of this infection and the symptoms presented by them are manifestations of energy imbalances that could worsen even more, depending on the type of diet, type of medication (if highly concentrated or highly diluted medications), the energy imbalances presented by each patient before acquisition of this infection (that were generating or aggravating the patient's condition). As she showed in the article, the majority of patients do not have any energy in the chakras' energy centers, that are responsible for the production of Yin, Yang, Qi and Blood, to maintain health and prevent diseases and complications [2, 3].

To understand why diabetic patients are having COVID-19 infection and it is considered high risks patients, it is important to understand the energy imbalances in the root of the tree but as the author showed in her article entitled Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection, not only diabetes patients were having SARS-CoV-2 infection but also, patients that did not have any co-morbidities, independent on the age and if had or not co-morbities, sometimes need to be admitted in the hospital and some times, are dying also. But all this evolution, according to the article written by the author Is the Medication used in Intubation of Patients with Covid-19 Affecting the Outcome of the Patient's Treatment?, she is saying that all deaths and complications cannot be attributed to the virus itself, because the outcome of this patient will depend of the type of medication that the physician is using to treat this condition, the diet, the influences of the environmental (Wind and Cold). But if we do not understand what the patient had in the root of the tree, before acquiring COVID-19, we cannot understand that all the influences that will predict which outcome the patient will have, depends on the knowledge of the physician to know that many other factors are involved in the outcome of this patient and not only the medication that they are giving to "kill the virus." In the article Is the Population in the World the Same as in the Past?, the author is saying that, to know which kind of medication we need to use, depends on the type of patient we have nowadays [3, 10].

As we saw in the evolution of this pandemic, we can observe that not only patients that has some co-morbidities are having SARS-CoV-2 infection but all patients are considered high risks for COVID-19 nowadays, as showed in the article *Are We Vaccinating Immunocompetent or Immunocompromised People for COVID 19*? In this article, the author demonstrates that most people are characterized as immunosuppressed and no longer immunocompetent despite apparently not having disease or associated morbidity but due to lack of energy in the five massive organs (Liver, Heart, Spleen, Lung and Kidney), according to traditional Chinese medicine. According to TCM, energy means our immunity so the

lack of energy means lacks of immunity in these people [4].

To understand how is the co-relation between all these evolutions in COVID-19, we need to re-evaluate the type of medicine that is considered scientific nowadays. If we do not understand that the human body is formed by energy, we cannot give condition to the physician to understand how to prevent and treat this pathology and all others in the deepest level, that are the root and not treating the symptoms [3, 11, 12].

In the book written by the physicist Capra (1975) entitled *The Tao of Physics*, he is saying about the duality that exists between the two kinds of medicine (Western and Eastern) but we need to understand that they are saying the same thing in another words. One (Western) is looking in the matter form and (Eastern) is looking at energy point of view. Both are saying the same thing but in different perspectives, and if we do not integrate them, we cannot understand how to prevent and treat this kind of infection because to understand it is totality, you need to amplify your vision, and not look only into parts [13, 14].

This same reasoning the author is looking at hospital infection control. With the measurements implanted until today, using all knowledge we have nowadays, we still can control only one third of all hospital infections. The reason behind it is that all thoughts is made only by Western medicine point of view and the other influences that Western medicine does not take into account until today (that are the influences of the external pathogenic factor and the energy imbalances presented by each patient prior to their admittance in the hospital that will worse with the use of type of medication and the type of diet) is not taking into account until today, it will still having hospital infection due to the only part of view of the formation of diseases in the human body, that are responsible for the other two thirds of hospital infection that Western medicine do not understand yet [6].

If we continue to treat our patients only at the level of the tree, in a very superficial way, and often failing to understand the real cause of the formation of diseases, which is at the deepest level at the energy level, we will not understand why the patient is getting sick and how to prevent and improve their condition, without harming even more the vital energy, that is already low nowadays [6-9].

Therefore, we urgently need to assess what kind of medicine we are practicing today and what kind of doctor we are training to treat our patients today and in the future because, according to the article published by the author entitled *Is the Population in the World the Same as in the Past?* the author is saying that patients have no energy in the chakras energy centers, that corresponds to the energy in the five massive organs in traditional Chinese medicine. So, the patients nowadays are not the same as in the past and today's doctors are prescribing medications that are causing more harm to our patients' internal energy leading to many complications or may even lead to death according to the Arndt Shultz law [10, 15].

According to Hippocrates, we should treat the patient and not the disease but medicine today is always treating the disease and never the patient who is always in the background [16].

References

- Alireza Abdi, Milad Jalilian, Pegah Ahmadi Sarbarzeh, Zeljko Vlaisavljevic (2020) Diabetes and COVID-19: A systematic review on the current evidences. Diabetes Res Clin Pract 166: 108347.
- Huang WL (2019) Why Are Diabetic Patients Still Having Hyperglycemia despite Diet Regulation, Antiglycemic Medication and Insulin? International Journal of Diabetes and Metabolic Disorder 4: 1-14.
- 3. Huang Wei Ling (2021) Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection. Acta Scientific Microbiology 4: 167-196.
- Huang WL (2021) Are We Vaccinating Immunocompetent or Immunocompromised People for COVID 19? J Vaccines Res Vaccin 7: 18.
- 5. Huang Wei Ling (2021) Is the Medication used in Intubation of Patients with Covid-19 Affecting the Outcome of the Patient's Treatment? Archives of Anesthesiology 4: 1-3.
- Huang WL (2018) Why do Patients Still Catch Hospital Infections Despite the Practice of Infection Prevention and Control Programs? Acta Scientific Microbiology 1: 34-43.
- Huang WL (2020) Invasion of Wind and Cold as Cause of Respiratory Tract Infection Outbreak in a School Kinder Garden Group of Kids. Pediatric Research and Child Health 3: 1-4.

- 8. Huang WL (2018) Can Hospital Osteomyelitis Be Treated Without the Use of Antibiotics? Acta Scientific Microbiology 1: 4-12.
- 9. Huang WL (2018) Could Postsurgical Nosocomial Cellulitis be Treated without the Use of Antibiotics? Acta Scientific Microbiology 1: 24-31.
- 10. Huang Wei Ling (2021) Is the Population in the World the Same as in the Past?". Acta Scientific Clinical Case Reports 2.
- 11. Stahnisch F, Verhoef M (2012) The flexner report of 1910 and its impact on complementary and alternative medicine and psychiatry in north america in the 20th century. Evid Based Complement Alternat Med 2012: 647896.
- 12. Duffy T (2011) The Flexner Report -100 Years Later. Yale J Biol Med 84: 269-276.
- 13. Capra Fritjof (1975) *The Tao of Physics*: An Exploration of the Parallels between Modern Physics and Eastern Mysticism. Shambhala Publications, Inc 1975: 1-112.
- 14. Ling HW (2021) What have behind in all kinds of infections that we need to know? Journal of Investigative Oncology 1: 18-21.
- 15. LEESER O (1953) Support of homeopathy by the Arndt-Schulz law. Hippokrates 24: 417-21.
- 16. Craik E (2014) The "Hippocratic" Corpus: Content and Context. Routledge 2014: 1-344.

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